

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/484432

FILING DATE

1/18/00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8	1					
9						
10						
11						
12						
13						
14						
15	1					
16						
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42						
43						
44						
45						
46						
47						
48						
49	1					
50	1					
TOTAL IND.	65					
TOTAL DEP.	6					
TOTAL CLAIMS	71					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
53						
54						
55						
56						
57						
58						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS